

FOREIGN CREDENTIALING COMMISSION ON PHYSICAL THERAPY (FCCPT)  
**Physical Therapist Assistant Educational Equivalency Review**  
**REQUEST FOR ACADEMIC CREDENTIAL VERIFICATION**  
(For completion by applicant)

*Directions to applicant:* Please complete this form and send it, along with the *Academic Credential Verification Form*, to the Registrar's Office at each University or institution of higher education where you completed your physical therapy education and any other post-secondary level work. Remember to login to your online application and "View Progress" to see if a syllabus is required before you ask for one to be sent.

Attention Registrar: \_\_\_\_\_  
University or institution of higher education

Please verify and release my educational records indicated below for the period in which I completed my education at your institution:

- Official Transcript (Mark Sheets, Hours Transcript, Grade Lists, etc.)  
 Syllabus/Detailed Course Descriptions

Forward these documents to: Foreign Credentialing Commission on Physical Therapy  
124 West Street South, 3<sup>rd</sup> Floor  
Alexandria, VA 22314  
United States of America

Kindly complete and include with my records the enclosed *Academic Credential Verification Form* for completion by the Registrar.

I hereby authorize the release of my educational records to the Foreign Credentialing Commission on Physical Therapy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PERSONAL INFORMATION

Current Name: \_\_\_\_\_  
Last First Middle

Previous Name, if different: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Email address: \_\_\_\_\_  
Month Day Year

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Include country and area/city codes

ATTENDANCE INFORMATION

From: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ To: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Month Day Year Month Day Year

Title of Degree, Diploma, or Certificate Awarded: \_\_\_\_\_

